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ABSTRACT

Described are planning steps involved in developing programs for abused and neglected children in rural areas. Among barriers cited are economic factors and resistance to social planning. Emphasized is the need for congruence among local and regional agencies and organizations. Analyzed are six planning stages: entry, in which consultants gain acceptance from area decision makers; needs assessment, in which problems and available services are identified; diagnosis, in which the situation is evaluated; action, in which efforts are made to achieve the goals; systems change, in which the improved protective service system is adopted; and synthesis and maintenance in which useful changes are continued and nonfunctional changes are eliminated. (CL)

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# A PLANNING MODEL FOR THE DEVELOPMENT OF PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN IN RURAL AREAS

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## INTRODUCTION

Over the past several years, the problem of providing protective services to abused and neglected children in rural settings has come to the attention of social workers, social program planners and social agency administrators. While many depict child abuse and neglect as an urban phenomenon, data from the southeastern states indicate a significant percentage of reported abuse and neglect cases are in rural areas and small towns.[1] Unfortunately, the array of protective service resources needed for identification, intervention and treatment of child abuse and neglect cases is not usually available to rural social workers. While urban protective service agencies can draw upon the general social, health and legal service resources found in most metropolitan areas, the rural agency usually has few service resources, untrained workers and minimal community support.

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[1]Exact numbers and percentages of rural child abuse and neglect cannot be precisely determined because incidence data does not usually distinguish between rural and urban cases. However, aggregate data from four consecutive case reporting years (1968-1972) from seven Region IV states (Florida data unavailable) indicates that 32.4% of reported cases were in counties, population less than 50,000; if counties 75,000 and smaller are considered the percentage increases to 46.9%. For a more detailed description see Clara L. Johnson, Child Abuse in the Southeast: Analysis of 1172 Reported Cases, Regional Institute of Social Welfare Research, Athens, Georgia.

Often, there is confusion concerning appropriate roles and responsibilities in reporting and intervention in an abuse or neglect situation among those rural agencies which could be valuable protective service resources. Since there is no operational definition for abuse and neglect per se, the procedures for reporting a suspected case are frequently equally ill defined and unclear.

Such confusion may result in only the most obvious and severe abuse and neglect cases being reported, whereas other crucial situations are relegated to inaction or informality. This uncertainity places the county social service or welfare agency which is generally responsible for protective services at a disadvantage. The average rural county protective service agency offers few direct services and must depend on other agencies for support; consequently, if service support is not forthcoming children will continue to be at the risk of injury.

Throughout its history, the state of the art of protective services has developed by testing and improving upon various techniques for identifying, intervening and treating child abuse and neglect cases. Presently we have a good understanding of how protective service workers should be trained, what procedures should be used in response to a report of abuse or neglect, how cases should be managed and what service resources are needed for effective intervention and

treatment. Our knowledge of these components can be broadly termed the technology of protective services or, in other words, the array of program components and services which make up an optimal protective service system. Unfortunately, most of the advances in protective service technology have been developed and tested for urban areas where service resources are more readily available and accessible. Many technological components which are routine in urban protective services have not been adopted in rural areas due to lack of manpower, absence of service resources and shortage of funds.

The obligation of rural protective service agencies to provide quality services to abused and neglected children and families in distress is no less than that of the urban agency. Most rural protective service operations in comparison to the state of the art and our understanding of service technologies, are in need of considerable improvement. We must realize, however, that the improvement of rural protective services presents some special problems. The absence of diversified service resources combined with a disbursement of the client population makes improvement difficult. Furthermore, our expanded understanding of protective service technology has not led to the development of practical rural system models. The frequency of rural child abuse and neglect combined with the underdevelopment of rural service resources

necessitates the development of models for efficient and effective services.

As the Resource Center for Region IV, the Regional Institute of Social Welfare Research, Inc. (RISWR), is undertaking a two-year effort to examine the problems of rural protective services and to assist three demonstration sites in developing rural protective service systems. The three rural demonstrations will address the issue of how new technologies can be introduced into rural services and also explore the feasibility of developing a protective service system covering multi-county regions. Child abuse and neglect are community problems, affecting schools, police, courts, health providers, mental health agencies and all other organizations or individuals which deal with children or families in distress. Additionally, many distressed families have multiple problems which often require the simultaneous involvement of several service agencies. Unfortunately, accessibility to multi-agency services is often limited by formal constraints such as county lines, service catchment areas or eligibility criteria.

If a multi-county region is used as a focus for system development, many of the problems associated with rural protective service delivery may be solved through identification of interagency service roles, sharing of service resources and cooperative planning.

Multi-county service is not a new concept. Most states are divided into sub-state planning areas and many multi-county service projects have been tested. There is no precedent, however, for multi-county protective services in Region IV. Crucial unanswered questions are inherent in this situation such as, how will an improvement or a new system be conceptualized, who will plan the system, and how will the system be implemented? These questions and others can best be answered by entering into a developmental planning process where conceptual issues can be tested against the reality of implementation in the rural service area. Such a process requires a detailed methodology and planning philosophy which will accommodate the analysis of the complex socio-political and organizational variables found within the state and county agency's decision hierarchy which will enhance or deter positive change in rural protective services.

Since there is a dearth of empirical data relevant to rural protective service system development, RISWR proposes to conduct an open-ended planning process which endeavors to explore the issue of rural abuse and neglect from both an organizational as well as a community perspective. The planning methodology will bring organizations and individuals from state, county and community levels together in a process of mutual learning and information exchange. Over a period of

time, planning groups will be formed and go through formal and informal workshops in which rural protective service problems will be identified and analyzed. These workshops will generate recommendations of problem solutions. The goal of the methodology is to allow the new system to be conceptualized, planned and implemented by the people who are instrumental in dealing with child abuse and neglect either in an administrative, service, support or advocacy capacity.

Essentially, the remainder of this paper is an explanation of the planning methodology RISWR will use in planning three rural protective service systems in Region IV. The planning methodology and the character of the three demonstration projects is based on several general assumptions regarding the roles and goals of RISWR, the respective state protective service agencies, and county and local organizations and groups.

## ASSUMPTIONS

The methodology is based on the assumption that state, county and local organizations and groups should have maximum control over the design of their rural protective service system. Additionally, local organizations should acquire the primary planning and management skills to insure that

the new protective service system can be managed after the withdrawal of RISWR consultants. Participatory planning should enhance the probability of implementation and continued support for the new system.

It is also assumed that development of a multi-county protective service system implies basic change in the structural and functional configuration of service delivery. The ultimate value of proposed or realized change is contingent upon the willingness of state, county and other local organizations to accept their own plans. The methodology is aimed directly at developing "ownership" of the system among organizations which comprise the system.

Purposeful change is facilitated by the catalystic influence of the planning process and intervention of RISWR consultants into the organizational and social fabric of the community. The intervention will take an organizational development approach employing applied behavioral science techniques, nominal group process, decision-making theory and action research rather than exclusive traditional planning modes. RISWR consultants will serve as facilitators of the planning process as well as providing expert technical assistance to planning groups. In implementing this approach it must be realized that one model of rural multi-county protective services cannot be adopted to serve all situations.

The success of developing rural, multi-county systems must, therefore, be measured by those changes which are allowable within the social, legal, political, economic and cultural values of the geographic areas of implementation.

The methodology is also based on the assumption that rural planning groups will be faced with both conceptual and structural barriers which frustrate inter-organizational and inter-county cooperation in providing protective services. The planning methodology recognizes these barriers and offers a systematic process which helps the planner identify, negotiate, and overcome the barriers found in the rural organizational mileu.

## THE BARRIERS

The first and most obvious barrier in the development of a rural, multi-county system is the status of our understanding of the technology available to deal with rural protective services. It is not a plausible argument to assume that this barrier exists merely because the state of the art of protective service technology is not adaptable to a rural, multi-county application; rather, it is a credible assumption to realize that this barrier exists because those technologies which are within our current understanding either have not been introduced or have not been fully tested for successful

rural use. As social planners, we have knowledge of a collection of programs, projects, and service delivery techniques and experiences which have proven successful in small geographic settings, in controlled institutions, or in urban cultures. In most cases there is no assurance that the state of the art technology is acceptable to rural agencies or appropriate for the rural, multi-county setting.

Frequently, the planning methodology used to introduce new technologies into a rural area has created a barrier to successful program implementation. This barrier is due to the fundamental problem which rural social planners share with all areas of public policy making; the need to grapple with the difficult concept of planning rationality. Of course, all social planners wish to plan rationally and none wish to be labeled as nonrational; yet planners adherence to the rational-comprehensive school of planning philosophy which involves selection of optional or cost beneficial program elements has numerous limitations. Planners of the rationalist school tend to overemphasize the logical use of resources and development of services at the expense of overlooking the values, social needs, interpersonal influence, control and ethics of rural public decision makers and their organizations. The rationalist approach tends to place too much emphasis on the role of the planner, while the full

impact of the planning process on systems managers, service providers, and supporting agencies go without proper recognition.

Much of the resistance to social planning is a result of how change is introduced into the decision environment.[2] Unlike the physical sciences where anomalies can be tested against the scientific paradigm, the social scientist must depend on an understanding of local social and political relationships to introduce planning concepts for testing in the service system. Often planners and consultants develop plans, models, and reports outside the local organizational environments within which the plans must be implemented. As a result, planners and consultants have been forced to "sell the plan" to local policy makers. Plans developed by outsiders are often incongruent with local decision makers, specific political and organizational interests. Occurring all too often is the classic case in which a well-developed plan for organizational action cannot be implemented due to the inability of local groups or individuals to accept a common value or work together cooperatively. This type of situation usually results in the familiar "report on the shelf syndrome."

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[2]Klein, D.C. Concepts for Social Change, G. Watson (ed.), Project for Educational Development, National Training Laboratories, Washington, D.C., 1967.

In reality, all organizations relevant to protective services possess both formal structures and informal values which serve to inhibit change. Simultaneously, however, their inhibiting factors maintain the environmental norms which make system change a necessity. All organizations are governed by the formal or informal recognition of technological, economic, social, political, and legal rationalities or rules of operation.[3] These rationalities are formally imposed through statute and regulation or they are informally maintained through accepted organizational norms. Diverse and conflicting organizational rationalities pose severe obstacles to rural, multi-county planning.

Technological rationality includes all the technologies used by a local agency in protective services. For example, a protective service technology could be a twenty-four hour hotline for reporting or procedures for case management. Technology also relates to the allocation and skill level of manpower assigned to protective services and other aspects of "state of the art" protective service delivery. Accepted rural protective service technologies are usually limited to

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[3]Bartee, Edwin M. "A Phasic Tri-System Model of Social Change," unpublished paper, Vanderbilt Graduate School of Management, 1972.

basic services such as acceptance of reports during office hours and case assignment to a worker. Those technologies, often absent in rural settings, include psychiatric evaluation, foster care, hot lines, and the numerous other important; yet costly, protective support services. The rationality of some agencies might indicate that some technologies of protective services, such as foster care, law enforcement intervention or placement with relatives may or may not be accepted as appropriate modes of treatment.

Understandably, the economic rationality which dictates the range of services that agencies can afford affects the character of rural protective services. Most rural agencies have limited budgets with only a small percentage of funds allocated to protective services. Many agencies, such as mental or public health, could provide essential services for abused children but have no specific allocation of funds for protective services. The general low priority of protective services, as reflected by agency budgeting, is a significant barrier to system change since most protective services do involve investment of manpower and capital.

Legal rationalities include all the performance restrictions and requirements placed on an agency by statute or formal guideline and regulation. Legal rationalities limit most rural agencies to operations within a specific geographic area,

usually the county. Additionally, most agencies are limited in the type of clientele served. Generally, clients are eligible for only a limited set of services; paradoxically those services for which clients are eligible are often not offered by rural agencies. Moreover, the operating procedures and patterns of interagency relations may be inconsistent with general social service goals and client needs.

Political and social rationalities are often difficult to clarify. These organizational rationalities relate to individual and organizational roles legitimized through power. Factors such as bureaucratic affiliation, tradition, and public image frame political and social rationalities. Organizations are free to develop certain goals and activities only insofar as they are in accordance with formal or informal bureaucratic/political or socio-cultural mandates. One organization may informally exclude another agency as a resource for protective services because of competition for funds or recognition between the agencies. Some organizations may be reluctant to provide services to clients with special problems because tradition has developed social rationalities which prevent certain types of service provision.

The informal values affecting interagency relations have three dimensions: domain consensus, ideological consensus,

and inter-organizational evaluation.[4] Domain consensus is agreement or disagreement among organizations regarding the appropriate role and scope of social agencies. Ideological consensus is agreement regarding the nature of the tasks confronted and the appropriate approaches to those tasks. Inter-organizational evaluation is the judgment by workers in one organization of the value of the work of another organization.

In most rural areas, informal values significantly influence interagency service delivery. In many cases there is little domain consensus, little ideological consensus and a high degree of negative inter-organizational evaluation. In such a situation, there is potential for misunderstanding of agency roles and responsibilities. Agency workers, often on an individual basis, develop a negative attitude toward another agency because of past experience such as unmet expectations, slowness in response or perceived insensitivity of other staff workers. The negative aspect of informal value systems develop over the years and contribute to inter-organizational suspicions, mistrust, and turf guarding. The opportunity to intervene with a needed service for an abused or neglected child may be lost if there is insufficient trust and cooperation among the many agencies who may potentially assist families in distress.

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[4]Levin, S. and P.E. White, "Exchange as a Conceptual Framework for the Study of Inter-Organizational Relationships," Administrative Science Quarterly, March, 1961.

## CONGRUENCE AS A PLANNING GOAL

The full implication of the process of developing rural, multi-county protective services must be understood at dual levels. One is at the explicit level of problem content (how technology is introduced, adapted and applied), and the other is at the implicit level of the planning process (group dynamics, problem solving, communication, and collaboration). It is important that system goals, structure, standards and other elements of technology be conceptualized in the planning process. Concurrently, in the process, behaviors, values, and attitudes must be changed to facilitate a climate of affirmative action toward reaching the goals of an improved system.

The key to successful planning is to convert the values and rationalities of organizations into a mode of creative problem solving. This requires that the rationalities be identified and planning conducted to capitalize on the energy of the rationalities and values. As one organization's perception of technological task roles comes into congruence with the value system of another organization, the planning process is facilitated. The development of congruence should lead to the generation of linkages between organizations' accepted rationalities, then common viewpoints should develop spontaneously.

This process is called synergy, the identification and emphasis of common ground and points of agreement as the primary focus for planning. Through the use of snyergy, points of congruence become the building blocks of the planning process leading to a climate whereby points of disagreement can be analyzed and negotiated to resolution.

Congruence in the planning process has three elements: protective service technology, organizational values/rationalities and planning process.

Successful planning is achieved when the planning process is applied as a catalystic force to identify congruence among various agencies' perception of accepted technologies, values and rationalities. When congruence is achieved, inter-organizational and inter-county systems development can be accomplished. Congruence is a primary goal in setting a positive climate for implementing change in rural multi-county protective service systems.

## TOWARD A MULTI-COUNTY PLANNING MODEL

The success of developing an improved rural protective service system is directly linked to the use of a planning process which can facilitate tangible results. The methodology presented herein, is a significant departure from traditional planning processes in that the plans are the

product of the organizational environments within which the protective services system must operate. The model is focused at the process level (communication, openness, information sharing, collaboration) and integrates aspects of techno-structural organizational life (structure, management, function, procedure, regulation, service mode). The methodology involves key decision makers in a process of mutual learning and organized capacity and willingness to take responsibility of the planning process. Similarly, the model focuses on changing the behavior of decision makers to insure that planned systems improvements become operational realities.

It is theorized that successful rural social planning should proceed through six inter-related stages. These steps should ideally be sequential, however, planning activity may involve several or all six stages simultaneously with cyclical movement among stages. The six planning stages in sequential order are as follows:

Step I . Entry step is the process whereby RISWR consultants gain recognition, legitimization and acceptance among state, county and community decision makers.

Step II . Needs Assessment Step is a process of identifying present problems, and existing services leading to the establishment of new protective service system goals.

Step III . Diagnosis Step involves the process of analysing the forces present which encourage or act to prevent accomplishments of the systems goals.

Step IV . Action Step involves activity to eliminate the forces preventing accomplishment of the system goals.

Step V . Systems Change Step involves the adoption of improvement in the protective service system.

Step VI . Synthesis and Maintenance involves the continuation of useful system changes and the discontinuation of changes which proved disfunctional.

From the point of entry of maintenance, numerous changes should occur. Changes will revolve around organizational or individual's acceptance of new rationalities, values, and technologies. Acceptance of change, must occur as a spin off of the planning process. The role of RISWR consultants is limited to facilitating the process of change rather than forcing change.

## PARTICIPANTS

The application of this planning methodology is based on the assumption that rural, multi-county protective service planning involves complex interaction among four groups. Each group is considered to be a constituency of the planning process.[5] In most cases the perception of the problem

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[5]Bartee, Edwin M. "A Methodology for Client Centered Organizational Diagnosis," unpublished paper, Vanderbilt Graduate School of Management.

will vary among the constituencies depending on the internally accepted values and rationalities. The constituencies for rural, multi-county protective services planning include the following:

1. Resource Providers -- This constituency includes those groups and individuals who plan, acquire, and provide resources such as money, information and other forms of legitimization from the environment. In protective service planning, this would include members of boards of various service agencies, local, state and federal government funding agencies, foundations, United Way, and other resource providers.

2. Technology Developers -- This constituency represents the groups and individuals that manage and administer the organization so that the resources are converted in a way that the technologies of the organization will be developed. In protective services this group includes the directors of the various social service agencies, the administrative staff, the police chief, the hospital administrator and attorneys and judges.

3. Direct Service Providers -- This constituency includes those groups and individuals who consistently interact directly with abused or neglected children and families in distress in the delivery of the organization's produce or service. In protective services this group includes policemen, social caseworkers, ministers, physicians, and professional counselors; depending on the nature of the specific protective service delivered.

4. Service System Supporters -- This constituency consists of concerned and informed citizens who are interested in child abuse and neglect but are not involved in the service delivery system.

   Groups such as women's clubs, church committees, civic associations, teachers, and day care associations are a few of the organizations which fall into this constituency. This constituency is

significant for the development of community support and advocacy efforts.

## CONSTITUENCY GROUPS

A group of people selected to represent one or more of the four constituencies is called a constituency planning group. After the point of organizational entry is selected, in this case state and county level agencies, the consultants conduct an analysis of the decision making network. The key decision makers in the various agencies are designated as "gatekeepers" and are recruited as potential participants for one of the constituency groups.

Ideally, each planning group will have six-to-eight people. The size of the planning group is important since the technique is most successful in groups large enough to create "group culture" and small enough to allow communication among the participants.[6]

There are three primary criteria for selecting individuals for a planning constituency group. First, the person should have roles which properly fit within the particular constituency. Secondly, the person should have experience and information relevant to planning in the constituency group. Thirdly, the person must be willing to be an active participant in the planning process. These three factors

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[6]Ibid.

are important since the potential for raising the level of awareness of the planning group is a direct function of the amount of information that is held by the individuals and the effectiveness by which this information is collaborated.

## STEP I: ENTRY

The initial stage of the model is entry of the outside consultant (a person from the Institute) into the rural organizational decision environment. The traditional entry, one in which the consultant arrives with model in hand and proceeds to sell it as a document developed by experts, creates an identity conflict in the client organization. The sales approach puts the client organization in the role of accepting or rejecting the model. Acceptance or rejection in this case will most likely depend on the organizations perception of the power, resource allocations and prestige factors to be gained or lost by buying the model. Acceptance or rejection will most likely have little to do with the quality of the model as a service delivery technique.

In executing this process, a suitable entry is possible only when the consultant approaches an organization in the context of its accepted value system. The consultant should not reveal his or her values to the client organization.

This is important since the systems change process involves developing congruence between client organizational values and the need for an improved protective service system. The development of congruence will be curtailed if there is overt value conflict between the consultant and the client organization.

The entry technique suggested by the planning model is drawn from the "linking pin" concept of Rensis Likert.[7] The linking-pin concept is tied to Likert's theory of overlapping groups as a means of developing communication across functional organizational lines. Basically, the linking pin is a person who belongs to two or more groups in an organization or community.

The first step in establishing linking pins is to determine the organizational unit or strata to be the subject of planning. This may be part of an organization, a total organization, or many organizations. In a protective service planning process the unit for planning should include every organization related to protective services with special emphasis at the multi-county strata. The linking pin network should logically be initiated by someone with

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[7]Likert, Rensis. New Patterns of Management, McGraw-Hill, Company, 1961.

multi-county organizational affiliations. The initial linking pin is called the "primary gatekeeper" because this person arranges the entry of the consultant into the organizations and community.

After an analysis of the community and organizations to be entered, the consultants should establish an informal agreement with persons who may be recruited as "gatekeepers." Gatekeepers are persons who are leaders in the organizations or community which will participate in planning the protective service system. Gatekeepers must be fully familiar with the rationalities and values of the organizations and communities in which planning will be conducted. The gatekeepers must have enough power and commitment to systems change to take risks on key issues. Once the consultants have established a solid relationship with one primary gatekeeper, a linking pin effect has been made. The primary gatekeeper is a part of the system to be changed and also has a psychological contract with the consultants who will guide the change process.

The initial consultant entry is with the primary gatekeeper only. The consultants gain legitimization through the primary gatekeeper, and communication with the organization is initially maintained through the primary gatekeeper. As the consultant's work requires more extensive contacts throughout the organizations, the primary gatekeeper choses

other gatekeepers at other organizational strata. The primary gatekeeper establishes a psychological contract with subsequent gatekeepers, thus establishing entry for the consultant. The gatekeeper approach should require only one entry point, and identification of other gatekeepers establishes linking pins throughout and between organizations which will participate in the planning process. Additionally, development of a gatekeeper network creates a supporting constituency of the organizations' power structure.

The gatekeeper network provides the following advantages to the consultants:

1. It serves as communication links with the organizations and legitimizes the roles of the consultants within the organizations and communities.

2. It indicates appropriate social intervention techniques and delineate channels for action and influence.

3. It provides information, intelligence and feedback to the consultants concerning the consultants' activities.

4. It acts as translators of local mores for the consultants.

5. It reduces the level of anxiety among community leaders who may feel threatened by the consultants' activities.

6. It provides a skilled management group which will maintain the system when the consultants have withdrawn.

STEP II - NEEDS ASSESSMENT
STEP III - DIAGNOSIS

The Program Planning Model developed by Andre Delbecq is used to structure the Needs Assessment and Diagnosis phases.[8] The Delbecq process allows the participants in planning to diagnose their problem and make critical decisions about how to act to solve the problem. A basic premise of innovative problem solving is that the solution to a problem is not dependent upon the nature of the true problem but upon the way the problem is perceived by the people who must deal with the problem.[9] In this application, changes in the configuration of multi-county protective services occur as a direct result of the need for policy makers to reduce the ambiguity between the perception of what is desirable and the perception of what actually exists.[10]

The technique has four distinct advantages over traditional planning methodologies. First, the potential for long-range change is facilitated through reinforcing cognitive dissonance in the client's internal perception and by

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[8]Delbecq, Andre and Andrew Van DeVen. "A Group Process Model for Problem Identification and Program Planning," Journal of Applied Behavioral Science, July/August, 1971.

[9]Bartee, Edwin M. "A Holistic View of Problem Solving," Management Science, December, 1973.

[10]Ibid.

minimizing the dissonance between the consultant and the client.[11] Secondly, the structuring of the technique in the way data is collected, shared, analyzed and collaborated tends to develop motivation for action in the client organization. Thirdly, the technique focuses the consultant's role as facilitator rather than as technical planner. Fourthly, the Needs Assessment and Diagnosis Phases can be completed in a one-or two-day workshop, thus providing cost and time efficiency.

## STEP II AND III - PLANNING WORKSHOP

The initial planning meeting is a needs assessment and problem diagnosis workshop. This meeting enables all four constituency planning groups to participate in a structured meeting based on the Delbecq nominal group process. The general chronology of the technique is as follows:

1. The consultant identifies a general problem area. In this case, the general problem area will be related to the improvement in the overall protective service system.

2. Each group identifies and describes the present situation existing in the protective service system. This is done according to a structured procedure.

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[11]Festinger, L. A Theory of Cognitive Dissonance, Row-Peterson, Company, 1957.

3. After the characteristics of the present situation have been identified, the group identifies a list of desired situations that individuals would like to see exist in the protective service system. The desired situation list is generated by the same structured procedure as in step two.

4. Each group determines its priority desired situations.

5. Priority problems are then defined as the problem to change the present situation so that it becomes the desired situation.

Within the context of the workshops, the individual is considered the primary strata of organization. The workshop allows workshop participants to be introspective and reflective concerning the problems of protective services. Hopefully, individuals will share concepts, perceptions and information relating to the problem. When individuals share information with one another, the workshop shifts to a group or total constituency focus.

Each constituency group goes through the nominal group workshop independently of the other constituencies. All constituencies may go through the nominal process separately on the same day or at different times. All nominal group meetings are conducted with the direction of trained group consultants acting as group facilitators. The facilitators guide the groups through the rules of the process and record all information generated by individuals in the groups.

The nominal group technique as applied in the Needs Assessment and Diagnosis steps of the methodology is summarized in the following manner:[12]

1. The general problem area is discussed and understood by the members of the group. Effective discussion should be limited to information giving, receiving, and clarification. Any attempts by the group to engage in problem-solving: speculation on possible solutions, preoccupation with the possibility of solution, or expressed concerns for implementation, should be discouraged by the facilitator.

2. Once the general problem area is clearly stated and understood by the group, all individuals working alone but in the group are asked to list on a sheet of paper all of the descriptive statements that they can think of that describes the present situation as it relates to the general problem area. Each person should be provided all of the time needed in this listing process. This is an individual needs assessment and diagnosis.

3. Once each individual has completed the description of the present situation the group is then asked to collaborate the information. This is accomplished by the individuals, in turn, sharing one of their statements that describes the present situation. After the person's statement is written up before the group to the satisfaction of the individual, the other members of the group are provided with opportunity to obtain clarification as to what the person intends by the statement. Attempts by other group members to evaluate or compare the person's statement in any way is discouraged. Once clarification is obtained, other

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[12]The nominal group technique was developed by Delbecq and Van DeVen, however, numerous modifications have been made in its application. The steps described in the Assessment and Diagnosis steps are those developed by Edwin M. Bartee who has tested nominal group processes extensively. See E. M. Bartee "A Methodology for Client Centered Organizational Diagnosis," Vanderbilt Graduate School of Management, 1972.

group members are asked to indicate if they have an item on their list that is similar to the current description that has been listed. If so, they indicate this fact and a tally of these agreements is kept on the display sheet. This procedure is continued until all items on the individual lists have been included to the satisfaction of each group member. This is a group needs assessment and diagnosis.

4. The group members are then asked to freely discuss the group perception of the present situation with each other. This should be an unrestricted discussion that allows evaluation, opinion-giving, or whatever.

5. Once the discussion of the present situation has reached a point of general group satisfaction, the group members are asked to work alone, but in the group, again. They are now asked to list all of the present situation statements with which they are dissatisfied and write along side each a statement that describes the person's fantasy of a desired situation. The person should be encouraged to be as idealistic as possible in making their statements. When all group members have completed their lists, the information is collaborated in the same way as in (3) and (4) above. This is individual and group goal setting.

6. In contrast to the present situation items are prioritized. As stated previously it is suggested that a "straw vote" be used to facilitate this prioritizing process. The final tallies are not intended to be restrictive to the group but to provide the opportunity for focusing further discussion and priority decisions. Experience has shown that a good indication of consensus-tendency can be obtained by asking each member of the group to vote for five of the items that have been posted and these votes tallied.

7. The structured methodology is complete when a set of problem definitions are produced by each group. The number of problem definitions is determined by the number of priority desired situations that have been agreed on. A problem is identified as one to change the present situation so that the

priority desired situation is achieved. The workshop ends with the listing of these priority problems by each group and the completion of any discussion that follows.

When all constituency groups have finished the nominal group workshop there should be an opportunity for constituencies to compare data. This meeting is usually the option of each group. Such a meeting allows an analysis of agreement, disagreement and potential for conflict among the various constituencies. Disagreements or conflicts when recognized in a collaborative setting can be negotiated to insure that all constituencies are working from common assumption toward the the achievement of shared goals.

It is during Steps II and III that the rationalities and value systems of individuals, groups and organizations will emerge. The workshop experience and data must be built upon to negotiate conflict or potential conflict among organizational rationality or value systems. Development of agreement or congruence around key rationality of value issues is essential before moving on to Step IV: Action. The consultants can assume facilitation and negotiation roles upon request of individuals or constituencies.

## STEP IV: ACTION

The action step is a logical extension of the nominal group workshop which encompasses Phase II and III. Planning the action step may be included as a part of the nominal group workshop. After the present situation and the desired situations have been established, the groups are in a position to identify the forces which are restraining and driving toward the accomplishment of the desired situation. The structured procedure used at this point is Kirt Lewin's Force Field Analysis.[13] A structured instrument is filled out by each participant outlining each individuals perception of the restraining and driving forces and a strategy to weaken the restraining forces and strengthen the driving forces. Then this information is collaborated in the group.

The final step is designing a plan of action to achieve the desired situation by using the previously identified suggestions for limiting the restraining forces and strengthening the driving forces. Critical resources are identified and plans for mobilization of resources are made. If desired, the planning group may chart their action plan and assign group members to specific tasks with due dates for accomplishment.

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[13]Lewin, Kirt. "Quasi-stationary Social Equalibria and the Problem of Permanent Change," in Bennis, W.G., Benne, K.D., and Chin, R. (eds.) The Planning of Change, Holt, Rinehard, Winston, 1969.

Obviously, when actions are planned, execution is the next step. The combined constituencies should engage in the execution of action steps. Individuals may be assigned tasks, task forces may be formed or committees may participate in execution of the action steps. Actions taken must be in line with and focused on accomplishment of the goals established in the nominal group workshop.

STEP V: SYSTEMS CHANGE

The logical outcome of the Action Step is the introduction of improvement and innovation in the protective service system. Innovation may involve introduction of new technology, new procedures, demonstration efforts or numerous other needed protective service improvements. The selection of the specific improvement is the responsibility of the local planning group. The consultants will provide local planning groups with technical assistance in selection and implementation of the improvement. The consultants will also provide advice concerning continuing planning, implementation, problem solving and project evaluation.

STEP VI: SYNTHESIS AND MAINTENANCE

The stage of the planning process involves the identification of the critical variables which indicate the level

of success resultant from the planned improvement or innovation. This step can be the critical point of evaluation. The evaluation can either be informally conducted by the planning groups or a formal evaluation with technical assistance from the consultants who participate throughout the planning process.

If the improvement or innovation is to be maintained, critical resources must be committed for continuation. If the improvement is found to have limited success, the contributing variables must be identified and analyzed to insure mistakes are avoided. In any case, continuation or discontinuation, the process as the Step VI Synthesis and Maintenance stage should recycle to Stage II Needs Assessment to insure continued improvement of the rural protective service system.

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